

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/991,092

FILING DATE  
11-16-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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7	/					
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50						
TOTAL IND.	4					
TOTAL DEP.	29	↓	↓	↓	↓	↓
TOTAL CLAIMS	33	↓	↓	↓	↓	↓

	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS	1. TAL	↓	↓	↓	↓	↓